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Health System and Community-Level Barriers to Early Lung Cancer Detection in Zimbabwe: Findings from a National Mixed-Methods Assessment

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Disclosure

Artificial Intelligence (AI) Use Disclaimer

Microsoft Copilot was used to support language refinement. All data, scientific statements and interpretations were checked against the accepted abstract and source report and remain the responsibility of the authors.

Early detection is constrained not by one gap, but by a chain of barriers, from symptom recognition to diagnostic confirmation

STUDY QUESTION

Where do community- and health-system barriers accumulate and which changes are feasible within Zimbabwe's existing lung-health pathway?

STUDY DESIGN

- Mixed-methods synthesis:
- Community and health-worker surveys
- Facility-readiness assessments
- Key-informant interviews
- National cancer-registry trend analysis

LIMITATIONS

- Purposive sampling of 8 districts out of an average of 36 and reliance on self-reported measures may limit national generalizability and introduce reporting bias.

2010-2019
registry trends

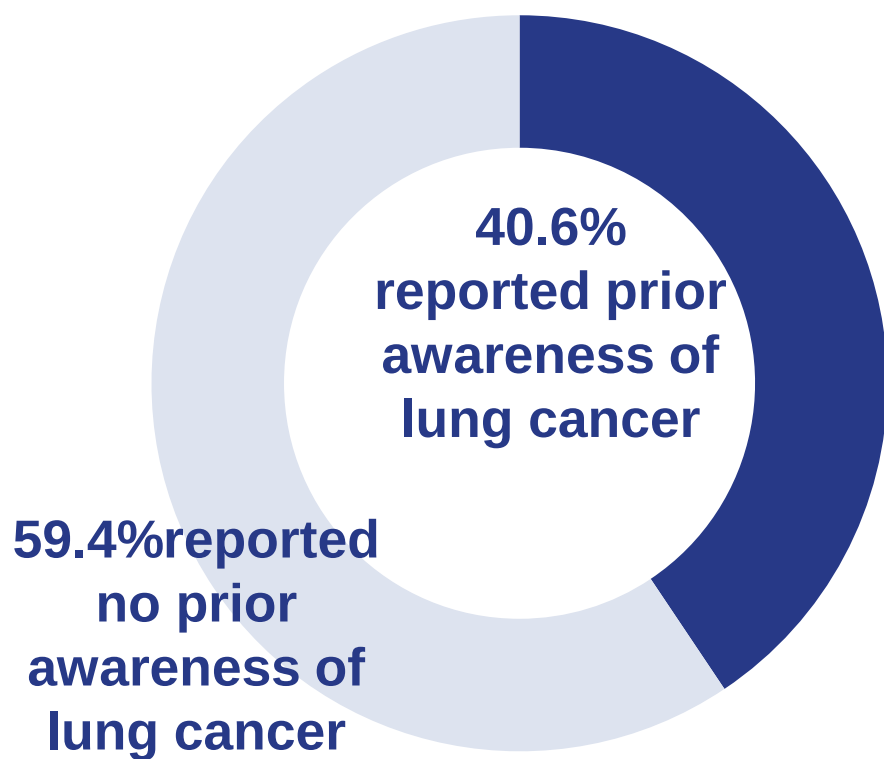
1,396
community
respondents

330
healthcare
workers

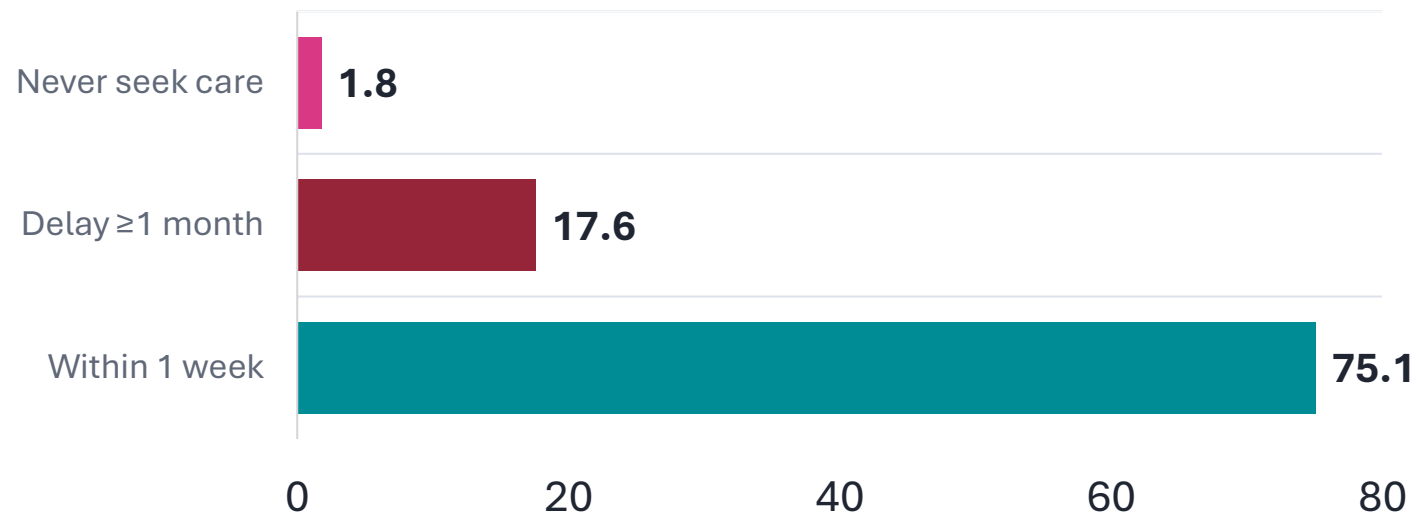
6/10
high-risk provinces

Willingness to seek care is high but recognition is low and unequal

Awareness determines whether a concerning symptom is recognized as requiring timely evaluation.



INTENDED CARE-SEEKING



Awareness was significantly lower among women and people with primary or no education, early signs such as shoulder-, chest-pain and finger clubbing were recognized by <35%.

The pathway loses time at every transition

Frontline uncertainty, TB-related diagnostic overshadowing and centralized services compound one another.

53.9% lacked confidence
identifying early symptoms

63.9% believed most
cases present too
advanced

1/6 provinces and
0/9 districts had CT
available and none
had bronchoscopy

>50% reported TB
treatment before
cancer
confirmation

COMPOUNDING BARRIER CASCADE

Symptoms
not
recognized

TB becomes
the dominant
explanation

Non-response
does not reliably
trigger escalation

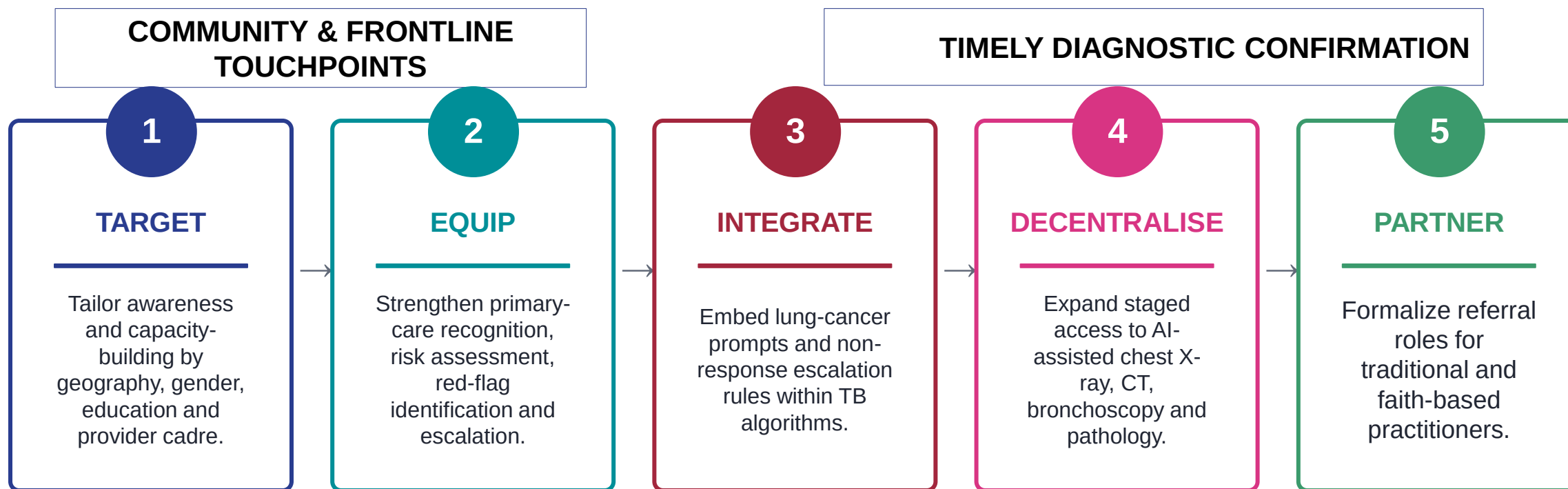
Distance to
accessing
specialist care

Confirmation occurs
late

Pathology and oncology services are concentrated in the two metropolitan provinces (Harare and Bulawayo), equipment breakdowns, transport costs, weak feedback loops and out-of-pocket expenditure further extended the pathway.

Convert existing touchpoints into an integrated early-detection pathway

Strengthen recognition, escalation and diagnostic access as one connected pathway



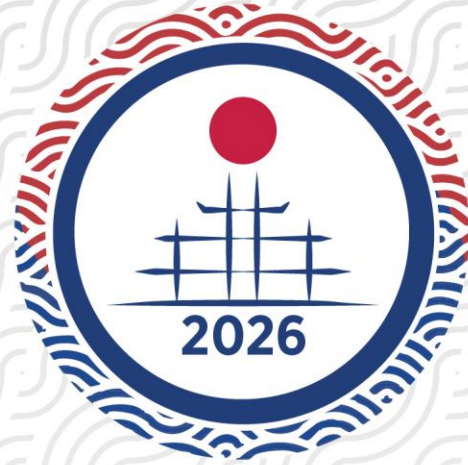
Every existing touchpoint should trigger the appropriate next step not discharge, delay or repeated empiric treatment.

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Thank You.